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Committee on the Rights of the Child
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Summary record of the 1937th (Chamber A) meeting
Held at the Palais Wilson, Geneva, on Wednesday, 14 January 2015, at 10 a.m.

Chairperson: Ms. Sandberg

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The meeting was called to order at 10 a.m.

Consideration of reports submitted by States parties (*continued*)

Combined second to fourth periodic reports of Turkmenistan (CRC/C/TKM/2-4) (continued)

1. *At the invitation of the Chairperson, the delegation of Turkmenistan took places at the Committee table.*

2. **Ms. Atajanova** (Turkmenistan), responding to questions raised at the Committee's 1935th meeting, said that the Government of Turkmenistan had reviewed its citizenship regulations since acceding to the Convention relating to the Status of Stateless Persons in 2011 and the Convention on the Reduction of Statelessness in 2012. A new law on citizenship, conforming to the international standards derived from those instruments and reflecting the best interests of the child, had been adopted in June 2013. Responsibility for issues of nationality and statelessness lay with a special unit within the National Institute of Democracy and Human Rights. No petitions or declarations of statelessness had been filed in 2014, but the new legislation provided a robust framework for resolving any problems that might arise.

3. Responding to a request for clarification from **Ms. Khazova** (Country Rapporteur), she confirmed that all children born in Turkmenistan qualified for Turkmen nationality unconditionally, irrespective of the mother's nationality.

4. **Ms. Amaniyozova** (Turkmenistan), responding to questions about freedom of expression and child-friendly channels of communication, drew attention to the central role accorded to children in the stakeholder consultations on the post-2015 sustainable development agenda conducted in Turkmenistan in 2014 with support from the United Nations Children's Fund (UNICEF). Turkmen children had written essays and participated in focus groups, and two children had even taken part in a side event at the 2014 United Nations General Assembly.

5. **The Chairperson** asked for information about channels through which children could express views, including political opinions, in the public domain.

6. **Mr. Gastaud** asked what follow-up was envisaged in relation to the contributions made by children to the consultation process and whether mechanisms were available through which students could express their views on teaching materials and school facilities.

7. **Mr. Geldimammedov** (Turkmenistan) said that children were encouraged to express their vision of the world around them starting in the first year of primary school. They could in later years speak out on children's rights, health issues and the laws of the country. Television shows and specialist magazines also provided outlets through which children could express their views.

8. Teachers were required to attend refresher courses at which they were updated about the latest legislation on the rights of the child and human rights in general. The use of corporal punishment at school was strictly prohibited. Pursuant to the Code of Administrative Offences, any person who used violence to inflict bodily injury upon another or in any way cause harm to their health was liable to the payment of a fine, and in some cases might be held in custody.

9. **Ms. Aldoseri** (Country Rapporteur) asked whether the infliction of bodily harm was a prerequisite for the imposition of a fine and the attribution of liability.

10. After an exchange in which **Ms. Amaniyazova** (Turkmenistan), **Mr. Geldimammedov** (Turkmenistan) and **the Chairperson** participated, **Ms. Berdiya** (Turkmenistan) explained that any act of violence, including a small slap to the face, would

be duly investigated but that, in the absence of serious harm, the perpetrator would be liable to an administrative rather than criminal penalty. However, in the case of violent acts determined to have caused serious bodily harm, criminal rather than administrative sanctions were imposed.

11. **Ms. Agayeva** (Turkmenistan) said that the Government was working to ensure compliance with the Act on the Protection and Promotion of Breastfeeding and Baby Food Requirements, adopted in 2009. The distribution of samples of infant formula had been prohibited in a supplement to that law. On-demand feeding was encouraged under the national breastfeeding programme and around 95 per cent of all hospitals were classified as child-friendly. The various measures adopted had contributed to a 20 per cent increase in breastfeeding rates over the past five years, pushing the figure for 2014 to above 60 per cent. Supporting that figure, research into early childhood development carried out in health-care centres in the Ashgabat and Daşoguz regions had revealed that 59 per cent of children were exclusively breastfed for the first six months.

12. With regard to State benefits, she explained that mothers were entitled to three distinct allowances: a maternity allowance payable throughout the period of her maternity leave; a one-off childbirth allowance; and a childcare allowance payable until the child reached 3 years of age. Fathers were entitled to take paternity leave if the mother was unable or unwilling to cease work. Women who went back to work while still breastfeeding were entitled to take half-hour breaks for that purpose every three hours, without loss of pay, until the child reached the age of 18 months.

13. In recent years, the construction and renovation of hospitals and health centres had been a State priority, particularly in rural areas. There were currently 14 specialist children's hospitals nationwide, offering over 5,000 beds, and a major new mother and child health centre that would include training facilities was due to open in mid-2015.

14. **Ms. Khazova** (Country Rapporteur) asked whether the mother and child health-care network provided fully comprehensive national coverage which guaranteed access to hospital treatment for all children, including those living in remote areas.

15. **Ms. Agayeva** (Turkmenistan) said that every region had a district hospital, to which a number of rural health centres were attached. Even the smallest of villages had access to a doctor. Children with health problems that could not be treated at the district level were sent to the provincial mother and child health centre. Children requiring more specialized, qualified care were referred to one of the national centres.

16. **The Chairperson** asked whether budget cuts had in any way hindered the expansion and improvement of the health system.

17. **Ms. Amaniyozova** (Turkmenistan) said that State expenditure on the health system had increased dramatically between 2011 and 2014. Expenditure would also rise in 2015, albeit less significantly. Reports of a shrinking budget were therefore unfounded. Moreover, the State budget for health was supplemented by voluntary medical insurance and by extrabudgetary funds, which covered up to 30 per cent of total expenditure.

18. **Ms. Agayeva** (Turkmenistan) said that staff development through ongoing, refresher and management training was a priority in the health sector, as were improvements to the quality of teaching and the number of teaching staff. In-service doctors and other medical professionals generally attended around 60 hours of training annually. Each year around 50 specialists received training in Germany under a bilateral memorandum of understanding; the result was proving particularly beneficial for diabetes patients. Medical staff received comprehensive instruction whenever new equipment was acquired, and all such equipment complied with European standards.

19. The hospital and health centre construction and renovation programme was continuing. Reports of hospital closures were therefore erroneous. The National AIDS Prevention Centre was still operational; it had simply moved to new premises.

20. **Ms. Atajanova** (Turkmenistan), turning to the issue of adoption and the screening of prospective parents, said that the child welfare authorities scrutinized all documents before reaching a decision on suitability. Prospective adopters, meanwhile, were made aware of the significant responsibility assumed. The introduction of social and psychological assessment requirements was being given consideration as part of a wider review of the relevant regulations. The possibility of ratifying the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption was also under consideration, but a comprehensive review of regulations and procedures and of positive and negative past experiences in domestic and international adoption would be required before any decision was reached. Over 7,000 children had been adopted within the country over the past few years, including children with disabilities.

21. **Ms. Khazova**, noting that in many cases international adoption offered the best and possibly only chance for adoption of children with severe disabilities and/or chronic illnesses who were otherwise destined to spend their lives in institutional care, asked what was being done to promote domestic adoption of such children.

22. **Ms. Atajanova** (Turkmenistan) said that adoptive families had been found in Turkmenistan for a number of children in the category just mentioned; however, the problem would be accorded particular attention in the aforementioned review. The resulting regulations and procedures would respect the principles enshrined in the Hague Convention and the best interests of the child.

23. **Mr. Madi** asked what criteria adoptive parents were expected to meet; whether adopted children assumed their new family's name and were treated as full family members in terms of upbringing and inheritance; and at what age young children could be given up for adoption.

24. **Ms. Atajanova** (Turkmenistan) said that, pursuant to the Marriage and Family Code, prospective adopters were required to demonstrate that they were able to provide appropriate housing and education and an adequate level of material comforts. Officially adopted children enjoyed the same inheritance rights as biological children.

25. **Ms. Herczog** asked whether children had the right to access information about their biological origins; whether there was a clear legal framework governing those rights; and whether the Marriage and Family Code covered situations of adoption breakdown.

26. **Ms. Atajanova** (Turkmenistan) said that officials who failed to keep an adoption confidential were subject to criminal penalties, but that parents were permitted to inform their adopted children of their origin. There were no specific legal provisions dealing with adoption breakdowns; such cases were referred to the courts for resolution.

27. **Ms. Herczog** pointed out that keeping adoptions confidential was in breach of the Convention. The State party should amend its legislation and endeavour to ensure that adoptive parents understood that adopted children needed to know about their origins. She would like to know how frequently adoptions broke down and how such situations were generally resolved.

28. **Ms. Khazova** requested information on what became of the children when adoption broke down. Were they placed in a residential home, or was it possible for them to return to their birth family? Were the biological parents able to reclaim parental rights? Was it true that children's views were taken into consideration only if they were aged 10 or older?

29. **Ms. Atajanova** (Turkmenistan) said that the possibility of repealing the confidentiality rules on adoption, in line with the recommendation made by the Committee in its concluding observations to the initial report (CRC/C/TKM/CO/1), was under discussion but no unanimous decision had been reached. Data about adoption reversals were not available, but she could confirm that domestic legislation provided for the reassertion of parental rights and for the child's views to be heard, and that all decisions on such matters were to be made in the best interests of the child.

30. **Ms. Amaniyazova** (Turkmenistan) said that, in cooperation with UNICEF, research had been carried out in four children's homes in 2013 to identify the reasons why children had been placed in care. The largest proportion of the children had been placed in an institution without any explanation being given. The second largest group had been institutionalized because of illness or disability. The remainder had been placed in care because of social reasons or the ill health or death of parents. Poverty was thus not the primary reason for which parents placed their children in care. A range of social welfare benefits was available to help low-income families to finance their household expenditures. According to research carried out in 2011 together with the World Bank, there was virtually no absolute poverty in the country.

31. **Ms. Muhamad Shariff** asked whether social welfare support was provided on an ongoing or one-off basis.

32. **Ms. Herczog** asked whether, in addition to financial benefits, other forms of support were available to help parents provide better care for their children.

33. **The Chairperson** asked whether social services or child protection services intervened when parents wished to give up their children without explanation, and what was done to try to make them reconsider.

34. **Ms. Khazova** asked whether both couples and single mothers could leave children in care without substantiating their decision.

35. **Ms. Amaniyazova** (Turkmenistan) said that family subsidies and allowances were paid out over several years, depending on the number of children; childcare benefits were paid regardless of whether or not the mother was employed.

36. **Ms. Berdiyeva** (Turkmenistan) said that staff at maternity clinics intervened if they sensed that a mother wished to abandon her newborn baby. Through discussions with the mother, they tried to encourage her to keep the baby and to breastfeed it – afterwards, some women changed their minds.

37. **The Chairperson** asked whether the majority of children placed in care by their parents were newborns.

38. **Ms. Amaniyazova** (Turkmenistan) said that there were separate homes for children from birth to 3 years old and for older children. It was generally single parents rather than couples that gave up their children.

39. **Ms. Herczog** asked why such children were not placed with foster families or the extended family, as was traditional in Turkmenistan.

40. **Ms. Amaniyazova** (Turkmenistan) pointed out that the rate of institutionalization in Turkmenistan remained very low by comparison with other countries in the region. Some placements were only temporary; for example, children who required an operation or other medical treatment might be institutionalized for several months but taken back by their parents once they had recovered.

41. **Ms. Herczog** said that institutionalization could be very damaging for children; every effort should be made to place them in family settings.

42. **Ms. Amaniyazova** (Turkmenistan) said that in some cases it was necessary to place children temporarily in an institution while the necessary formalities and background investigations for a guardianship arrangement were finalized.

43. **The Chairperson** expressed concern that parents might give up their children purely because they had been born with a disability. The Committee believed that everything should be done to ensure that children with disabilities were included in the family and society and considered to be as valuable as any other child. The Government faced a huge task in changing attitudes about that.

44. **Ms. Herczog** said that there was no reason why children could not be placed with foster caregivers while guardianship formalities were being completed. She wondered what was being done to facilitate such an approach.

45. **Ms. Khazova** asked whether children placed temporarily in care facilities by their parents were obliged to remain there until their parents came back to pick them up.

46. **Ms. Agayeva** (Turkmenistan) said that in such cases children generally remained in the institutions, although parents were sometimes contacted to ascertain whether they were in a position to take the children back.

47. **Mr. Geldimammedov** (Turkmenistan) said that, in collaboration with UNICEF, the Government had recently opened a number of early childhood development centres in the capital and other cities to provide a range of services, including rehabilitation for children with disabilities and special needs. The centres were fitted with modern rehabilitation equipment as well as Montessori educational materials and offered instruction to parents on how to care for their children at home. A growing number of resource centres provided preschool education to children, including children with disabilities and special needs, who could not attend regular preschools for various reasons.

48. **The Chairperson** suggested that such centres might be in place because mainstream schools did not have the resources to care for children with disabilities. She would be interested to hear what was being done to move towards a more inclusive approach for children with disabilities and provide mainstream schools with additional teaching staff and assistants so that they could cater for them.

49. **Mr. Geldimammedov** (Turkmenistan) said that some children with disabilities did attend mainstream schools. The Government attached great importance to developing inclusive education and was working with UNICEF to that end. A key component of the child-friendly schools programme, which was strategically focused on the realization of every child's right to quality education, was inclusion, an objective that underpinned the stringent certification criteria. Approximately 100 schools had received child-friendly school certification and there were plans to extend the network, as many more schools had applied for certification. As well as extending the duration of compulsory education to 12 years, the most recent Education Act also provided for the inclusion of children with disabilities in mainstream schools. Children attending rehabilitation centres could move on to mainstream schools. In 2014, Turkmenistan had hosted an international conference on inclusive education, at which international experts had given a positive evaluation of the State party's contribution to inclusive education.

The meeting was suspended at 11.30 a.m. and resumed at 11.45 a.m.

50. **Ms. Amaniyazova** (Turkmenistan), responding to an earlier question on the use of child labour to harvest cotton, said that the Guarantees of Young People's Right to Work Act prohibited the employment of children under the age of 16. By presidential decree, a special body had been set up to monitor the cotton harvest and ensure that no child labour was being used: that constituted an administrative offence and was subject to disciplinary sanctions. According to comprehensive research launched in 2011 in accordance with

International Labour Organization standards, the number of children aged between 15 and 17 who were involved in child labour was extremely low.

51. **Mr. Gastaud**, noting that the cotton harvest began in September, asked whether children would still be on school holidays at that time or would have already resumed school.

52. **Ms. Amaniyazova** (Turkmenistan) said that the school year began at the start of September and the harvest took place from September to November.

53. **Mr. Geldimammedov** (Turkmenistan), referring to the situation of children living with guardians or foster parents, said that schools monitored the attendance of all pupils and checked that they were keeping up with their studies. If problems arose or it became apparent that children were living in unsatisfactory conditions, the monitoring was enhanced and efforts were made to visit the home, ascertain the situation and inform the relevant authorities if necessary. Ensuring the quality of education was a matter of great concern for the Government. Refresher courses for primary and secondary schoolteachers had been introduced at national and regional level. Modern interactive teaching methods were used and all schoolchildren received a laptop computer, a gift from the President, in an effort to ensure strong computer skills from an early age. All schoolchildren were provided with free textbooks, which were revised and modernized in line with the latest curriculum.

54. Replying to a question from **the Chairperson**, **Mr. Geldimammedov** (Turkmenistan) said that the status of teachers had improved significantly since the reform of the education system in 2007 and the increase in the number of years of compulsory education from 9 to 12. Teachers' salaries were also increased regularly. As a result of their enhanced status and better pay levels, teachers were improving their qualifications and knowledge base through refresher courses, which had a positive impact on the education they imparted to students.

55. Turning to the reported closure of Turkish language schools, he noted that the Turkish language school established through a bilateral agreement between Turkemenistan and Turkey in August 2014 continued to be fully operational, and construction work had recently begun to build new facilities for the school. Reports that instruction in Russian or ethnic minority languages had declined were unfounded. There were around 100 schools offering instruction solely in Russian. Lessons were conducted in other ethnic minority languages in schools with a significant number of ethnic minority students.

56. **Ms. Khazova** asked how many ethnic minority students were required for such courses to be run.

57. **Mr. Geldimammedov** (Turkmenistan) said that if a sufficient number of students in a class spoke an ethnic minority language, the school would consider running classes in that language; the average school class size was 25.

58. **Mr. Gastaud** asked how many ethnic minority languages had been officially recognized.

59. **Ms. Amaniyazova** (Turkmenistan) said that the most recent national census in 2012 had shown there were more than 80 ethnic groups in Turkmenistan. Turkmens made up 85 per cent of the population, and the three largest ethnic minority groups were Uzbeks, Russians and Kazakhs.

60. **Ms. Aldoseri**, noting that it was obligatory to prove Turkmen ancestry to enrol in a university, suggested that that might militate against attendance by ethnic minority groups.

61. **Mr. Geldimammedov** (Turkmenistan) said that Turkmen nationality was not a requirement for university attendance, and ethnic minority groups had equal access to education, including higher education.

62. **Ms. Aldoseri** asked whether the national curriculum included sexual and reproductive health education.

63. **Mr. Geldimammedov** (Turkmenistan) said that sexual and reproductive health had been introduced into the national curriculum in 2007; issues covered included family values and HIV/AIDS prevention.

64. **The Chairperson** asked whether such education included information on modern contraceptive methods.

65. **Mr. Geldimammedov** (Turkmenistan) said that it did. The Ministry of Health also ran yearly workshops, in partnerships with UNICEF, on sexual health and contraception for adolescents.

66. **Ms. Agayeva** (Turkmenistan) said that sexual and reproductive health units for adolescents had been introduced at mother and childcare centres in 2001. The units offered free sexual and reproductive health consultations, pregnancy tests and modern contraception. A sexual and reproductive health hotline for adolescents had also been launched in 2009. The Government had recently conducted a number of studies, including on child nutrition and maternal and child health, in an effort to assess and improve the quality of health care provided. The adoption of the Drinking Water Act of 2010 had provided access to safe drinking water for the population, including children, and water quality was tested on a monthly basis. Bottled water had been provided in 2014 to reduce the number of cases of hepatitis A resulting from drinking contaminated water in the worst affected areas.

67. **Mr. Gastaud** asked whether there were water purification plants in every major city.

68. **Ms. Aldoseri** asked whether the Government worked in partnership with local NGOs on child health-care issues.

69. **Ms. Agayeva** (Turkmenistan) said that the Ministry of Health took an intersectoral approach to child and adolescent health-care issues which involved both international and national stakeholders, including local NGOs.

70. **Ms. Amanniyazova** (Turkmenistan) said that there were around 40 water purification plants in Turkmenistan: each region had its own facility.

71. **Ms. Berdiyeva** (Turkmenistan), referring to a road traffic accident that had taken place in October 2014, said that it had been caused by a local government employee, rather than the President's security guard as had been suggested. Efforts had been made to investigate, prosecute and punish the perpetrators and appropriate support had been provided to victims. The phenomenon of children living on the streets did not exist in Turkmenistan. Any child who ran away from home and was found on the street was immediately taken to the police and transferred to a holding centre. Once the case had been reviewed, the child would either be returned to the family or placed in foster care. Only around 2 per cent of children found on the streets ended up in children's homes.

72. **Ms. Amanniyazova** (Turkmenistan) said that a child support hotline had been set up as part of efforts to combat the growth in child suicides in Turkmenistan. Since its introduction, the number of child suicides had been reduced from 32 in 2010 to 17 in 2013.

73. **The Chairperson** asked what steps had been taken to identify and provide support for children at risk of suicide.

74. **Ms. Amanniyazova** (Turkmenistan) said that the Government had introduced specific child support services to provide vulnerable children with appropriate help and psychological support. Such services were also responsible for monitoring children after they had attempted to take their own lives in order to prevent any future attempts.

Initial report of Turkmenistan on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC/C/OPAC/TKM/1 and CRC/C/OPAC/TKM/Q/1)

Initial report of Turkmenistan on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (CRC/C/OPSC/TKM/1; CRC/C/OPSC/TKM/Q/1 and Add.1)

75. **Ms. Khazova** (Country Rapporteur for the Optional Protocol on the sale of children, child prostitution and child pornography) asked whether the State party planned to collect disaggregated data on the sale of children, child prostitution and child pornography. She also wished to know whether there was a specific body to coordinate, monitor and evaluate the implementation of the Optional Protocol and, if not, whether the State party intended to establish one. She enquired whether measures had been taken to identify and prevent at-risk children from becoming victims of any of the offences under the Optional Protocol and whether efforts, including education and information campaigns for vulnerable children and their families, had been made to raise awareness and prevent the sale or trafficking of children.

76. **Mr. Nogueira Neto** (Country Rapporteur for the Optional Protocol on the sale of children, child prostitution and child pornography) asked for further information on the number of convictions handed down for cases involving the sale of children, child prostitution and child pornography, including details of the type of penalties imposed. He wished to know what steps had been taken to explicitly define the crimes of the sale of children, child prostitution and child pornography as offences in the Criminal Code. He also enquired whether the State party intended to establish bilateral and international agreements, particularly with the various Commonwealth of Independent States (CIS) countries, to prohibit and prosecute the sale of children, child prostitution and child pornography. Lastly, he asked whether measures had been taken to protect the rights and interests of child victims and witnesses of crimes under the Optional Protocol and whether efforts had been made to increase cooperation on the offences under the Optional Protocol with international bodies, particularly the United Nations human rights treaty bodies.

77. **Mr. Madi** (Country Rapporteur for the Optional Protocol on the involvement of children in armed conflict) asked for information on the general measures of implementation of the Optional Protocol, including on its legal status in national legislation and whether related training was provided to childcare professionals. With regard to reports of children aged 14 attending the Ministry of Defence boarding school, he requested clarification on the length and nature of study, specifically whether children under 18 were instructed in the handling of weapons. He also wished to know whether military schools were run by the armed forces and whether students under 18 were subject to military discipline. With regard to higher military institutions for children over 18 years of age, he asked why an exception to the minimum age requirement had been made for girls. He also wished to know whether students of military academies must join the armed forces upon graduation.

78. He requested detailed information on mechanisms for the early identification of child refugees, asylum seekers or migrants who might have been recruited or deployed in hostilities abroad, and on their number, disaggregated by age, sex and nationality. He also asked for information on the steps taken to provide for their physical and psychological recovery and rehabilitation and to promote their reintegration into society. Lastly, he

wished to know whether national legislation prohibited the trade and export of arms, including small arms and light weapons, and the provision of military assistance to countries where children were involved in armed conflict.

The meeting rose at 1 p.m.